



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medical Assistance Programs and all Managed Care Organizations

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO Special
DATE 6/1/2004

SUBJECT: Cox-2 Clinical Edits, Phase III of the Virginia Medicaid Preferred Drug List (PDL) Program, and PDA Download for PDL Quick List- July 2004

The purpose of this memorandum is to inform you of the 12 new therapeutic drug classes that will be part of the Virginia Medicaid's Preferred Drug List (PDL) Program effective July 1, 2004, the new clinical edits that affect the COX-2 drug class effective July 1, and the new Personal Digital Assistant (PDA) Download for the PDL Quick List.

Preferred Drug List (PDL)

As you are aware, the PDL is a list of preferred drugs by therapeutic drug class for which the Medicaid program will allow payment without requiring Prior Authorization (PA). In the designated classes, drug products that do not appear on the PDL will be subject to PA. Because there are provisions for a 72-hour supply of necessary medications, this initiative will not cause an individual to be left without an appropriate drug therapy.

This represents Phase III in the PDL implementation. The Department of Medical Assistance Services (DMAS) implemented Phase I of the PDL in January 2004, with 13 therapeutic drug classes and Phase II in April 2004, with six additional therapeutic drug classes. Phase III of the PDL will be implemented in July 2004, with an additional 12 therapeutic drug classes. An updated list of the preferred drugs within each class (with the exception of the Long Acting Narcotics therapeutic drug class, which will be updated at a later date) is attached with this memo.

The PDL is effective for the Medicaid, MEDALLION, and FAMIS-Plus (Medicaid Children) fee-for-service populations. The PDL **does not** apply to patients enrolled in a Managed Care Organization (MCO) or FAMIS enrollees. DMAS implemented the PDL program to provide

clinically effective and safe drugs to its clients at the best available price. Your continued assistance with this program is critical to its success.

Set forth below are the therapeutic drug classes for the July 2004, PDL - Phase III implementation:

- **Carbonic Anhydrase Inhibitors – Ophthalmic**
- **Alpha 2 Adrenergics – Ophthalmic**
- **Beta-blockers – Ophthalmic**
- **Prostaglandin Inhibitors – Ophthalmic**
- **Antihyperkinesis/CNS Stimulants (Medications For ADD/ADHD)**
- **Macrolides - Adult (Antibiotics)**
- **Macrolides - Pediatrics (Antibiotics)**
- **2nd Generation Quinolones - Systemic (Antibiotics)**
- **3rd Generation Quinolones - Systemic (Antibiotics)**
- **2nd Generation Cephalosporins (Antibiotics)**
- **3rd Generation Cephalosporins (Antibiotics)**
- **Long Acting Narcotics (please note that this therapeutic drug class is not addressed on the PDL Quicklist attached with this Medicaid Memo; it will be updated in a separate Medicaid Memo)**

To access the complete list of the pharmaceutical products included on the Virginia Preferred Drug List please visit <http://www.dmas.virginia.gov/pharm-home.htm> or <http://virginia.fhsc.com>.

Prior Authorization (PA) Process

Phase III of the PDL program will be implemented on July 1, 2004, beginning with informational messages (“soft edits”) displaying to the pharmacists. This will allow pharmacists the opportunity to inform the client of the PA requirement on the next request. Full PA requirements (“hard edits”) will be phased-in for 11 of the 12 therapeutic drug classes on August 2 and 9 (please note that the Long Acting Narcotics therapeutic drug class will not be included in

the August 2 or August 9 phase-in dates. This issue will be addressed in a separate Medicaid Memo). The PDL phase-in schedule for the Phase III therapeutic drug classes is attached to this memo.

A message indicating that a drug requires a PA will be displayed at Point of Sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the patient's provider requesting them to initiate the PA process. Prescribers can initiate PA requests by letter, by **faxing** the attached form to **800-932-6651**, or by contacting the First Health Services' Clinical Call Center at **800-932-6648**. PA requests by fax or mail will be responded to within 24 hours of receipt. A copy of the PA form is attached and is also available at <http://www.dmas.virginia.gov/pharm-home.htm> or at <http://virginia.fhsc.com>. **The PDL criteria for PA purposes is also available on both websites.**

Preferred Drug List (PDL) – 72 Hour Supply Processing Policy

The PDL Program provides for a process where the pharmacist may dispense a 72-Hour Supply of a non-preferred, prescribed medication if the physician is not available to consult with the pharmacist, including after hours, weekends, holidays, and the pharmacist, in his professional judgment consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. The 72-Hour Supply will require a phone call by the pharmacy provider to **First Health Services Corporation (FHSC) at 800-932-6648** for processing.

The patient will be charged a co-payment for this 72-Hour Supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" and "completion" fill.

For unit of use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Preferred Drug List (PDL)-72-Hour Supply Dispensing Fee Process

Pharmacy providers are entitled to an additional \$3.75 dispensing fee when filling the completion of a 72-hour supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill, and when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional \$3.75 dispensing fee is **ONLY** available (*one time per prescription*) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-Hour Supply) prescription was previously filled.

Any questions regarding the PDL process can be referred to First Health Services Corporation (FHSC) at 800-932-6648.

Medicaid, MEDALLION, and FAMIS-Plus fee-for-service individuals with questions about the PDL should be directed to the First Health Patient HelpLine at 800-932-3923.

Clinical Edits for COX-2 Inhibitors

As you are aware, the Pharmacy and Therapeutics Committee (P&T), previously reviewed the COX-2 Inhibitor therapeutic drug class during Phase I of the PDL implementation. At that time, it was determined that one drug was preferred and the remaining drugs in that class would be available through PA.

In addition, the P&T Committee has decided to implement clinical edits for the COX-2 Inhibitor therapeutic drug class. The purpose of this edit is to prevent inappropriate use of COX-2 inhibitors in patients **without** indications for use and to contain drug costs. Additionally, the edits are expected to reduce the potential for adverse events associated with chronic, high-dose COX-2 use.

NSAIDs are one of the most commonly prescribed classes of drugs. COX-2 inhibitors are members of the NSAID drug class, but differ in their selectivity for the COX-2 isoenzyme. Three selective COX-2 inhibitors (also known as COX-1 sparing agents) are currently available in the United States: celecoxib (Celebrex®), rofecoxib (Vioxx®), and valdecoxib (Bextra®).

All three agents have FDA approved indications for the treatment of osteoarthritis, rheumatoid arthritis in adults, and primary dysmenorrhea. Additionally, celecoxib and rofecoxib have indications for the treatment of acute pain, and celecoxib is approved for the reduction of adenomatous colorectal polyps in patients with familial adenomatous polyposis (FAP).

Effective July 1, 2004, those patients under 60 years of age with a new prescription for COX-2 therapy will require a PA. A message indicating that the drug requires a PA will be displayed at POS.

The clinical edit will only affect those patients under age 60 who have a new prescription for any of the COX-2 drugs. **Those patients who are under 60 and have been on COX-2 therapy between January and June 30, 2004, will be able to continue without disruption of service until their current prior authorization expires, or until June 30, 2005, whichever comes first.**

Personal Digital Assistant (PDA) Download for PDL Quicklist

We have established a new link on the DMAS website (www.dmas.virginia.gov), that will enable providers to download the PDL Quicklist to their PDAs. To access this link please click on **“pharmacy” > “pharmacy initiatives” > “PDL Quicklist PDA Format”**. This page will have full directions to complete the download and HotSync operations. DMAS is currently evaluating the use of ePocrates.

“PHARMACY/PRIOR AUTHORIZATION HELPLINE”

The First Health Clinical Call Center can be reached at **800-932-6648**, to answer your questions regarding the PDL, COX-2 edits, Pro-DUR and PA requests. Requests for Prior Authorization can be initiated by letter, by faxing the enclosed form to **800-932-6651**, or by contacting the First Health Services’ Clinical Call Center at **800-932-6648**. PA requests can also be mailed to:

**First Health Services Corporation
4300 Cox Road
Glen Allen, VA 23060
ATTN: MAP Department/VA Medicaid**

Comments regarding this program may be sent to the P&T Committee at pdlinput@dmass.virginia.gov.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov (*please note the new DMAS website address*). Refer to the Provider Column to find Medicaid and SLH provider manuals or click on “Medicaid Memos to Providers” to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

Attachments (3)



Virginia Medicaid Preferred Drug List
Posted 6/2/04
Effective July 1, 2004



Bolded Drugs do not require prior authorization

ANALGESICS

NON-STEROIDAL ANTI-INFLAMMATORY DRUGS

Diclofenac Potassium
Diclofenac Sodium
Diflunisal
Etodolac
Fenoprofen
Flurbiprofen
Ibuprofen
Indomethacin
Indomethacin SR
Ketoprofen
Ketoprofen ER
Ketorolac
Meclofenamate Sodium
Mobic®
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium

Requires Prior Authorization

Anaprox®*
Anaprox DS®*
Ansaid®*
Arthrotec 50®
Arthrotec 75®
Cataflam®*
Clinoril®*
Daypro®*
Dolobid®*
Feldene®*
Indocin®*
Lodine®*
Lodine XL®*
Motrin®*
Nalfon®*
Naprelan®*
Naprosyn®*

Orudis®*
Oruvail®*
Ponstel®
Prevacid-NapraPAC®
Relafen®*
Tolectin DS®*
Toradol®*
Voltaren®*
Voltaren-XR®*

NON-STERIODAL ANTI-INFLAMMATORY – COX II INHIBITORS

Vioxx® (No PA required for over age 60**)

Requires Prior Authorization

Bextra®
Celebrex®

**ANTIBIOTICS –
ANTIINFECTIVES**

**ORAL ANTIFUNGALS –
ONYCHOMYCOSIS**

Lamisil®

Requires Prior Authorization

Sporanox®

**CEPHALOSPORINS –
2ND GENERATION**

Cefaclor
Cefaclor ER
Cefaclor Suspension
Ceftin® 125 mg (until generic available)
Ceftin® Suspension
Cefuroxime
Cefzil®

Cefzil® Suspension
Lorabid®
Lorabid® Suspension

Requires Prior Authorization

Ceclor®
Ceclor CD®*
Ceftin®*

**CEPHALOSPORINS –
3RD GENERATION**

Cedax®
Cedax® Suspension
Omnicef®
Omnicef® Suspension
Spectracef®

Requires Prior Authorization

Suprax® Suspension
Vantin®
Vantin® Suspension

MACROLIDES

Biaxin®
Biaxin® Suspension
Biaxin XL®
Erythrocin Stearate
Erythromycin Base
Erythromycin Ethylsuccinate
Erythromycin Estolate Suspension
Erythromycin Stearate
Erythromycin w/Sulfisoxazole
Pediazole®
Zithromax®
Zithromax® Suspension

Requires Prior Authorization

Dynabac®
E.E.S.®*
Eryc®*
Eryped®*
Ery-Tab®*
PCE®*

First Health Clinical Call Center
1-800-932-6648

Fax 1-800-932-6651

QUINOLONES – 2ND GENERATION

Cipro®
Cipro® Suspension
Cipro XR®

Requires Prior Authorization

Ciprofloxacin (brand available without PA)
Ofloxacin
Floxin®
Maxaquin®
Noroxin®

QUINOLONES – 3RD GENERATION

Avelox®
Avelox ABC Pack®

Requires Prior Authorization

Levaquin®
Tequin®
Zagam®

ASTHMA – ALLERGY

ANTI HISTAMINES – 2ND GEN

Alavert®
Claritin D® (OTC only)
Loratadine Syrup
Loratadine Tablets

Requires Prior Authorization

Allegra®
Allegra D®
Clarinex®
Claritin®*
Claritin D 12 hour® (Rx)
Claritin D 24 hour® (Rx)
Claritin Redi-Tab®*
Claritin® Syrup* (No PA req. for under age 6)
Zyrtec®
Zyrtec D®
Zyrtec® Syrup (No PA req. for under age 2)

* Indicates a generic is available
without prior authorization



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Bolded Drugs do not require prior authorization

BETA ADRENERGICS- SHORT

ACTING

Albuterol
Alupent[®] MDI
Combivent[®]
Maxair Autohaler[®]
Proventil[®] HFA
Ventolin[®] HFA

Requires Prior Authorization

Proventil[®]*
Ventolin[®]*

BETA ADRENERGICS – LONG

ACTING

Foradil[®]
Serevent Diskus[®]
Serevent[®]

BETA ADRENERGICS FOR

NEBULIZERS

Accuneb[®]
Albuterol sulfate
Duoneb[®]
Metaproterenol
Xopenex[®]

Requires Prior Authorization

Proventil[®]*

BETA ADRENERGIC
/CORTICOSTEROID INHALER
COMBINATIONS

Advair Diskus[®]

INHALED SYSTEMIC
GLUCOCORTICOIDS

AeroBid[®]
AeroBid M[®]
Azmecort[®]
Flovent[®]
Pulmicort Respules[®]
QVAR[®]

Requires Prior Authorization

Flovent Rotadisk[®]
Pulmicort Turbuhaler[®]

LEUKOTRIENE INHIBITORS

Accolate[®]
Singulair[®]

NASAL STEROIDS

Flonase[®]
Flunisolide
Nasalide[®]
Nasarel[®]

Requires Prior Authorization

Beconase AQ[®]
Nasacort[®]
Nasacort AQ[®]
Nasonex[®] (No PA req. for under age 4)
Rhinocort Aqua[®]
Tri-Nasal[®]

CARDIAC MEDICATIONS

ACE INHIBITORS

Captopril
Captopril HCT
Enalapril
Enalapril HCT
Lisinopril
Lisinopril HCT

Requires Prior Authorization

Accupril[®]
Accuretic[®]
Aceon[®]
Altace[®]
Benazepril
Capoten[®]*
Capozide[®]*
Fosinopril
Lotensin[®]
Lotensin HCT[®]
Mavik[®]

Moexipril
Monopril[®]
Monopril HCT[®]
Prinivil[®]*
Prinzide[®]*
Unirectic[®]
Univasc[®]
Vaseretic[®]*
Vasotec[®]*
Zestoretic[®]*
Zestril[®]*

ACE INHIBITORS/

CALCIUM CHANNEL BLOCKERS

Lotrel[®]

Requires Prior Authorization

Lexxel[®]
Tarka[®]
Teczem[®]

ANGIOTENSIN RECEPTOR

ANTAGONISTS

Benicar[®]
Benicar HCT[®]
Diovan[®]
Diovan HCT[®]
Micardis[®]
Micardis HCT[®]

Requires Prior Authorization

Atacand[®] /Atacand HCT[®]
Avalide[®]
Avapro[®]
Cozaar[®]
Hyzaar[®]
Teveten[®] /Teveten HCT[®]

BETA BLOCKERS

Acebutolol
Atenolol
Atenolol /Chlorthalidone
Betaxolol
Bisoprolol Fumarate

First Health Clinical Call Center
1-800-932-6648
Fax 1-800-932-6651

Bisoprolol /HCTZ
Coreg[®]
Labetalol
Metoprolol
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sorine
Sotalol
Sotalol AF
Timolol

Requires Prior Authorization

Betapace[®]*
Betapace AF[®]*
Blocadren[®]*
Cartrol[®]
Corgard[®]*
Corzide[®]
Inderal[®]*
Inderal LA[®]
Inderide[®]*
Innopran XL[®]
Kerlone[®]*
Levator[®]
Lopressor[®]*
Lopressor HCT[®]
Sectral[®]*
Tenoretic[®]*
Tenormin[®]*
Timolide[®]
Toprol XL[®]
Trandate[®]*
Zebeta[®]*
Ziac[®]*

* Indicates a generic is available
without prior authorization



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First Health Clinical Call Center
1-800-932-6648
Fax 1-800-932-6651

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**CALCIUM CHANNEL BLOCKERS -
DIHYDROPYRIDINE**

Afeditab CR[®]
Dynacirc[®]
Dynacirc CR[®]
Nicardipine
Nifediac CC[®]
Nifedical XL[®]
Nifedipine ER
Nifedipine – immediate release
Nifedipine SA
Norvasc[®]
Plendil[®]
Sular[®]

Requires Prior Authorization

Adalat CC^{®*}
Cardene^{®*}
Cardene SR[®]
Procardia^{®*}
Procardia XL^{®*}

**CALCIUM CHANNEL BLOCKERS -
NON-DIHYDROPYRIDINE**

Cartia XT[®]
Diltia XT[®]
Diltiazem
Diltiazem (extended/sustained release)
Taztia XT[®]
Verapamil
Verapamil (extended/sustained release)

Requires Prior Authorization

Calan^{®*}
Calan SR^{®*}
Cardizem^{®*}
Cardizem CD^{®*}
Cardizem LA^{®*}
Cardizem SR^{®*}
Covera-HS[®]
Dilacor XR^{®*}
Isoptin SR^{®*}
Tiazac^{®*}
Verelan^{®*}
Verelan PM[®]

LIPOTROPICS: STATINS

Advicor[®]
Altacor[®]
Lescol[®]
Lescol XL[®]
Lovastatin[®]
Pravachol[®]
Zocor[®]

Requires Prior Authorization

Caduet[®]
Crestor[®]
Lipitor[®]
Mevacor^{®*}

**CENTRAL NERVOUS
SYSTEM DRUGS**

**CNS STIMULANTS/ADHD
MEDICATIONS**

Adderall XR[®]
Amphetamine Salt Combo
Concerta[®]
Dextroamphetamine
Dextroamphetamine SR
Dextrostat[®]
Focalin[®]
Metadate CD[®]
Metadate ER
Methylin[®]
Methylin ER[®]
Methylphenidate
Methylphenidate SR
Pemoline
Ritalin LA[®]
Strattera[®]

Requires Prior Authorization

Adderall^{®*}
Desoxyn^{®*}
Dexedrine^{®*}

Dexedrine Spansules^{®*}
Ritalin^{®*}
Ritalin SR^{®*}
Cylert^{®*}
Provigil[®]

**SEDATIVE HYPNOTIC NON-
BARBITURATES**

Estazolam
Flurazepam
Restoril[®] 7.5 mg (until generic
available)
Temazepam
Triazolam

Requires Prior Authorization

Ambien[®]
Dalmane^{®*}
Doral[®]
Halcion^{®*}
ProSom^{®*}
Restoril^{®*}
Somnote[®]
Sonata[®]

DIABETES

**ORAL HYPOGLYCEMICS –
ALPHAGLUCOSIDASE INH.**

Glyset[®]
Precose[®]

**ORAL HYPOGLYCEMICS –
BIGUANIDES**

Metformin/ Metformin XR
Glucophage XR 750mg (until generic
available)

Requires Prior Authorization

Glucophage^{®*}
Glucophage XR^{®*}

**ORAL HYPOGLYCEMICS –
BIGUANIDE COMBINATIONS**

Avandamet[®]
Glucovance[®]
Metaglip[®]

**ORAL HYPOGLYCEMICS –
MEGLITINIDES**

Starlix[®]

Requires Prior Authorization

Prandin[®]

* Indicates a generic is available
without prior authorization



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1-800-932-6648
Fax 1-800-932-6651

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**ORAL HYPOGLYCEMICS – 2ND
GENERATION SULFONYLUREAS**

Glipizide/ Glipizide ER
Glyburide
Glyburide Micronized

Requires Prior Authorization

Amaryl®
Diabeta®*
Glucotrol®*
Glucotrol XL®*
Glynase®*
Micronase®*

**ORAL HYPOGLYCEMICS –
THIAZOLIDINEONES**

Actos®
Avandia®

GASTROINTESTINAL

**HISTAMINE-2 RECEPTOR
ANTAGONISTS (H-2RA)**

Ranitidine

Requires Prior Authorization

Axid®
Cimetidine
Famotidine
Nizatidine
Pepcid®
Pepcid® Suspension
Tagamet®
Zantac®*
Zantac Effervescent®
Zantac® Syrup (No PA req. For under age 12)

PROTON PUMP INHIBITORS

Prilosec® OTC
Protonix®

Requires Prior Authorization

Aciphex®
Nexium®
Omeprazole (No PA req. for under age 12)
Prevacid® (No PA req. for under age 12)
Prevacid SoluTab®
Prevacid Susp® (No PA req. for under age 12)
Prilosec®

MISCELLANEOUS

**OSTEOPOROSIS AGENTS –
BISPHOSPHONATES**

Actonel®

Requires Prior Authorization

Fosamax®

**SEROTONIN RECEPTOR
AGONISTS (Tryptans)**

Imitrex® (kit, nasal, tablets, vial)
Maxalt®
Maxalt-MLT®

Requires Prior Authorization

Amerge®
Axert®
Frova®
Relpax®
Zomig®
Zomig ZMT®

**GLAUCOMA – ALPHA-2
ADRENERGICS**

Alphagan P®
Brimonidine tartrate
Iopidine®

Requires Prior Authorization

Alphagan®*

GLAUCOMA – BETA-BLOCKERS

Betaxolol HCl
Betimol®
Betoptic S®
Carteolol HCl
Levobunolol HCl
Metipranolol
Timolol Maleate
Timolol Maleate (gel-forming)

Requires Prior Authorization

Betagan®*
Ocupress®*
Optipranolol®
Timoptic®*
Timoptic XE®*

**GLAUCOMA – CARBONIC
ANHYDRASE INHIBITORS**

Azopt®
Cosopt®
Trusopt®

**GLAUCOMA – PROSTAGLANDIN
ANALOGS**

Lumigan®
Travatan®
Xalatan®

Requires Prior Authorization

Rescula®

Phone Numbers for DMAS
PDL Program

First Health Clinical Call Center
PA Requests

Fax: 1-800-932-6651
Tel: 1-800-932-6648

Note: Fax requests are responded to
within 24 hours. For urgent requests,
please telephone.

Note: Not all medications listed are
covered by all DMAS programs. Check
individual program coverage.

For program drug coverage information,
go to virginia.fhsc.com or
dmas.virginia.gov

* Indicates a generic is available
without prior authorization

PDL PHASE-IN SCHEDULE FOR JULY (Phase III) IMPLEMENTATION

Soft edits start July 1, 2004, for all classes

Hard edits on August 2, 2004

2nd generation Cephalosporins (Antibiotics)

3rd generation Cephalosporins (Antibiotics)

Macrolides - Adult and Pediatric (Antibiotics)

2nd generation Quinolones – Systemic (Antibiotics)

3rd generation Quinolones – Systemic (Antibiotics)

Antihyperkinesia/CNS Stimulants (Medications for ADD/ADHD)

Hard edits on August 9, 2004

Alpha-2 Adrenergic - Ophthalmic

Beta-blockers -Ophthalmic

Carbonic Anhydrase Inhibitors - Ophthalmic

Prostaglandin Inhibitors - Ophthalmic

COX-2 Clinical Edits: Hard edits begin July 1, 2004 (POS-denial, PA required). **Those patients who are under 60 and have been on COX-2 therapy between January and June 2004 will be able to continue without disruption of service until their current prior authorization expires, or until June 30, 2005, which ever comes first.**

For more information or questions contact:

First Health Services' Clinical Call Center

Telephone - 800-932-6648

Fax - 800-932-6651

VIRGINIA MEDICAID REQUEST FOR DRUG PRIOR AUTHORIZATION



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Requests for prior authorization must include patient name, Medicaid ID#, and drug name. Appropriate clinical information to support the request on the basis of medical necessity must be submitted. **SUBMISSION OF DOCUMENTATION DOES NOT GUARANTEE COVERAGE BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES AND FINAL COVERAGE DECISIONS MAY BE AFFECTED BY SPECIFIC MEDICAID LIMITATIONS.**

The completed form may be **FAXED TO 800-932-6651**. Requests may be phoned to 800-932-6648.

Requests may be mailed to: First Health Services Corporation / 4300 Cox Road / Glen Allen, VA 23060 / ATTN: MAP

PATIENT INFORMATION

Patient's Name:

Patient's Diagnosis:

Patient's Medicaid ID#:

Patient's Date of Birth:

DRUG INFORMATION

Drug Name & Strength:

Quantity Per Day:

Has patient had previous pharmaceutical therapy for the above diagnosis? ☐ Yes ☐ No

List pharmaceutical agents attempted and outcome:

1.

2.

3.

Medical necessity: Provide clinical evidence that the preferred agent(s) will not provide adequate benefit:

PHYSICIAN INFORMATION

Physician's Name (print):

Date:

Physician's Signature:

Phone #:

Physician's DEA#:

Fax #:

**PLEASE INCLUDE ALL REQUESTED INFORMATION
INCOMPLETE FORMS WILL DELAY THE PRIOR AUTHORIZATION PROCESS**

FAX TO 800-932-6651

PRIOR AUTHORIZATION CRITERIA IS SUBJECT TO CHANGE AND THUS DRUG COVERAGE

A copy of the PA form is available at <http://www.dmas.virginia.gov/pharm-home.htm> or at <http://virginia.fhsc.com>.